PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number						
Effective October 1, 2003								10 (828, 987							
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY						
TOTAL CLAIMS							]	RATI		FEE	ק ק	RATE			
FOR			NUMBE	R FILED	NUM	ABER EXTRA				85.00	٦,	BASIC FE	FEE 770.00		
TOTAL CHARGEABLE CLAIMS			12 '	ninus 20=	•	0		XS 9:	+		OF		770.00		
╟─	INDEPENDENT CLAIMS			minus 3 =	•	2 .	X43=				OR	` <del> </del>			
L	ULTIPLE DEP	ENDENT CLAIM	PRESENT					+145=			OR		172		
* If the difference in column 1 is less than zero, enter "0" in column 2							į	TOTAL			OR	<u> </u>	297		
				_		] 0.,		1,232 THAN							
_		(Column 1)		(Column 2) (Column 3)				SMAL	L ENT	TTY	OR		ENTITY		
AMENDMENT A	4-21-01	05444		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	TIC	DDI- NAL EE		RATE	ADDI- TIONAL FEE		
	Total	1.12	Minus	- 20	2	. /	-	X\$ 9=		·	OR	X\$18=			
	Independent FIRST PRES	ENTATION OF M	Minus	DENIDENT		-		X43=	1.		OR	X86=			
(	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=			OR	+290=				
	1						L_ Af	TOTAL			^₽ 	TOTAL			
	(Column 1) (Column 2) (Column 3)										·	ODII. PEE			
AMENDMENT 8		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	AD TIOI FE	VAL		RATE	ADDI- TIONAL FEE		
	Total	•	Minus			= '	1.	X\$ 9=			OR	X\$18=	·		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Independent	* INTATION OF MI	Minus			= .	F	X43=	•	7,	OR	X86=			
_1	. IIIOT PALGE		145=			- 1									
								TOTAL	+		DR	+290= TOTAL	•		
	•	(Column 1)		(Column	2)	(Caluma 2)	ADI	DIT. FEE	<u> </u>		OR A	DOIT. FEE			
INEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOI	i LY	PRESENT EXTRA	F	RATE	ADD TION	AL	Γ	RATE	ADDI- TIONAL		
	[otal		Minus	**			卜	\$ 9=	FE		ŀ		FEE		
	ndependent		Minus	***			-			<b>- °</b>	R	X\$18=			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						LX	43=		_ 0	R	X86=			
Ht	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									. 0	R	+290=			
)i	he "Highest Nun	ADD	TOTAL T. FEE			<b>A</b> 11	TOTAL DIT. FEE								
Th	e "Highest Num!	per Previously Paid	For (Total or	Independent) i	s the h	ighest number to	ound in	the app	ropriate	box in	colum	n 1.			

FORM PTO-875 (Rev. 10/03)

Patient and Trademath Othce, U.S. DEPARTMENT OF COMMERCE